

True Decisions Inc.
An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 11/06/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

PT 3 X wk X 6 wks for lumbar spine

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a female whose date of injury is XX/XX/XX. The mechanism of injury is described as putting paper into a cabinet. The patient underwent lumbar laminectomy at L4-5 with bilateral medial facetectomy and foraminotomy on. RME dated indicates that she reported no benefit from multiple epidural steroid injections. It is noted that the only shortcoming of her care is that she has not had physical therapy which she desperately needs. It is recommended that the claimant complete a full course of physical therapy. Note indicates that she has cancelled on 3 different occasions and not given priority to reschedule. CT of the lumbar spine dated revealed uncomplicated anterior and posterior fusion at L5-S1 with fixed grade 1 anterolisthesis. Spondylosis and facet arthrosis at L4-5 with lateral recess narrowing and displacement and impingement of the traversing bilateral L5 nerve root sleeves is noted. Office visit note dated 08/27/15 indicates that the patient complains of low back pain. Current medications are Zofran, Xanax, oxycodone, Zanaflex, gabapentin, Norco, Medrol Pak, Keflex and atenolol. Following myelogram she had significant difficulties with prolonged nausea and vomiting. On physical examination the patient sits listing to the right. She ambulates without assistive device with a left-sided antalgic gait. She has a 1+ patellar reflex on the left with a 2+ on the right with symmetrical Achilles reflexes. Straight leg raising on the left at 35 degrees causes the sensation of tightness and numbness in her leg consistent with a straight leg. The patient has made no improvement since her surgery. The patient was provided a prescription for physical therapy. Office visit note that pain is rated as 5/10.

Initial request for physical therapy 3 x wk x 6 wks for lumbar spine was non-certified noting that according to the Official Disability Guidelines, physical therapy is recommended for lumbago and unspecified back ache in the amount of 9 visits over 8 weeks. In this case, there was no discussion on decreased sensation to any dermatomal distribution, diminished deep tendon reflexes, or radiating numbness to indicate a diagnosis of radiculopathy. The clinical notes indicate the patient has already received physical therapy. Further information is needed as to the actual amount of physical therapy visits attended since the work related injury. Efficacy of previous physical therapy is not documented. The denial was upheld on appeal dated noting that the guidelines indicate no more than 9 sessions should be necessary unless exceptional factors are

notated. The clinical documentation submitted for review indicates the patient had decreased range of motion and motor strength to the lumbar spine. However, there was still no documentation regarding the number of completed therapy sessions and outcome and no exceptional factors to warrant 18 sessions as the guidelines recommend no more than 9.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient sustained. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The number of physical therapy visits completed to date is not documented. The Official Disability Guidelines support up to 9 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. Additionally, there appears to be an issue of noncompliance as the note indicates that she has cancelled on 3 different occasions and not given priority to reschedule. The patient's compliance with an active home exercise program is not documented. The request is excessive and does not allow for adequate interim follow up to assess the patient's response to treatment. As such, it is the opinion of the reviewer that the request for PT 3 x wk x 6 wks for lumbar spine is not recommended as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- ☐ Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment Guidelines
- ☐ Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- ☐ Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)